

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	DB	220000-200	
<b>O.I.P.E. CLASSIFIER</b>		59	930
<b>FORMALITY REVIEW</b>	BZ	897	10-25-00
<b>RESPONSE FORMALITY REVIEW</b>	MD	JG955	04/11/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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